Turner, Sarah Elizabeth 1913 - 1913

Log Cabin – August 1, 1913

Turner

The infant child of Mr. and Mrs. Frances Turner, residing on the Millersburg pike, died Monday. Burial at Battle Grove.

FORM V. S. 1-2000. 2-20-13

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Harrison
Vot. Pct. Elmarch — Registration District No. 880 — File No. 18660
Inc. Town -------- Primary Registration District No. 6145 — Registered No.
City ---------- (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Elizabeth Turner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single
6 DATE OF BIRTH: May 3, 1913 (Month) (Day) (Year)
7 AGE: ---- yrs. 2 mos. 25 ds. IF LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work ---------------- (b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country): Harrison Co. Ky.
10 NAME OF FATHER: Frances Turner
11 BIRTHPLACE OF FATHER (State or country): Harrison Co.nKy.
12 MAIDEN NAME OF MOTHER: Sudie Baker
13 BIRTHPLACE OF MOTHER (State or country): Harrison Co. Ky.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances Turner
(Address) Cynthiana, Ky.
15 Filed 8-2, 1913 W. Frost Smith, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 28, 1913 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 10, 1913, to July 28, 1913, that I last saw h[er] alive on July 28, 1913, and that death occurred on the date stated above at 11 P.m. The CAUSE OF DEATH* was as follows:
Whooping Cough
(Duration) ... yrs. ... mos. 18 ds.
Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.
(Signed) Jno. H. VanDeren, M. D.
..., 191... (Address) Cynthiana Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Battle Grove Cynthiana, Ky. — DATE OF BURIAL: 7/30, 1913.
20 UNDERTAKER: R B Whaley — ADDRESS: Cynthiana Ky

11-3184

7-31